

April 26, 2013

Good Day Mrs. Seipp.

I completed the quarterly SWPPP for our side of the Montevue Lane facility. I listed the hydraulic oil spill we had by a contractor that was contained by our staff. The contractor did the disposal of the material.

I also caught a few violations regarding open, partially used containers left in the open. Photos are attached along with the e-mail directives to the responsible foremen to get the material stored properly by Monday, 4/29/13.

If you have any questions or I may have missed something, let me know.

Thanks, Donnie

P.S. GO RAVENS!

+
Saints - sorry!

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	Montevue Lane (Highway)		
NPDES Tracking No.	02SW1890		
Date of Inspection	4-26-13	Start/End Time	11:30 - 12:30
Inspector's Name(s)	Donald W. Cunn		
Inspector's Title(s)	Asst. Superintendent		
Inspector's Contact Information	301-600-1565		
Inspector's Qualifications			
Weather Information			
Weather at time of this inspection?			
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> High Winds <input type="checkbox"/> Other:			
Temperature: 54.0			
Have any previously unidentified discharges of pollutants occurred since the last inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe: Hydraulic Oil Tank rupture - 15 gal. contained 4/22/13			
Are there any discharges occurring at the time of inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, describe:			

Control Measures

- Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.
- Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	Culverts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
2	For Bay	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
3	Center Drain	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
4	Sed. Pond	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
5	Front Ditch	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
6		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
7		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
8		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
9		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	
10		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Maintenance <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections. Customize this list as needed for the specific types of industrial materials or activities at your facility.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Material loading/unloading and storage areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Equipment operations and maintenance areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Fueling areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4	Outdoor vehicle and equipment washing areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Waste handling and disposal areas	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6	Erodible areas/construction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Non-stormwater/ illicit connections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Salt storage piles or pile containing salt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9	Dust generation and vehicle tracking	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yard Sweep
10	(Other) Spill Kits	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2 Spill Kits used for H-22 Spill. New Kits are ordered.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
11	(Other)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See comments below
12	(Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Truck sheds; Aerosol cans + liquid containers stored out in open.
Anti Freeze container not in cabinet.

Photos attached with directive to the responsible crew Foreman,
Containers removed and stored as of 4/29/13.

DUP

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: Donald W. Crum, Asst. Superintendent

Signature: Donald W. Crum Date: 4-26-13

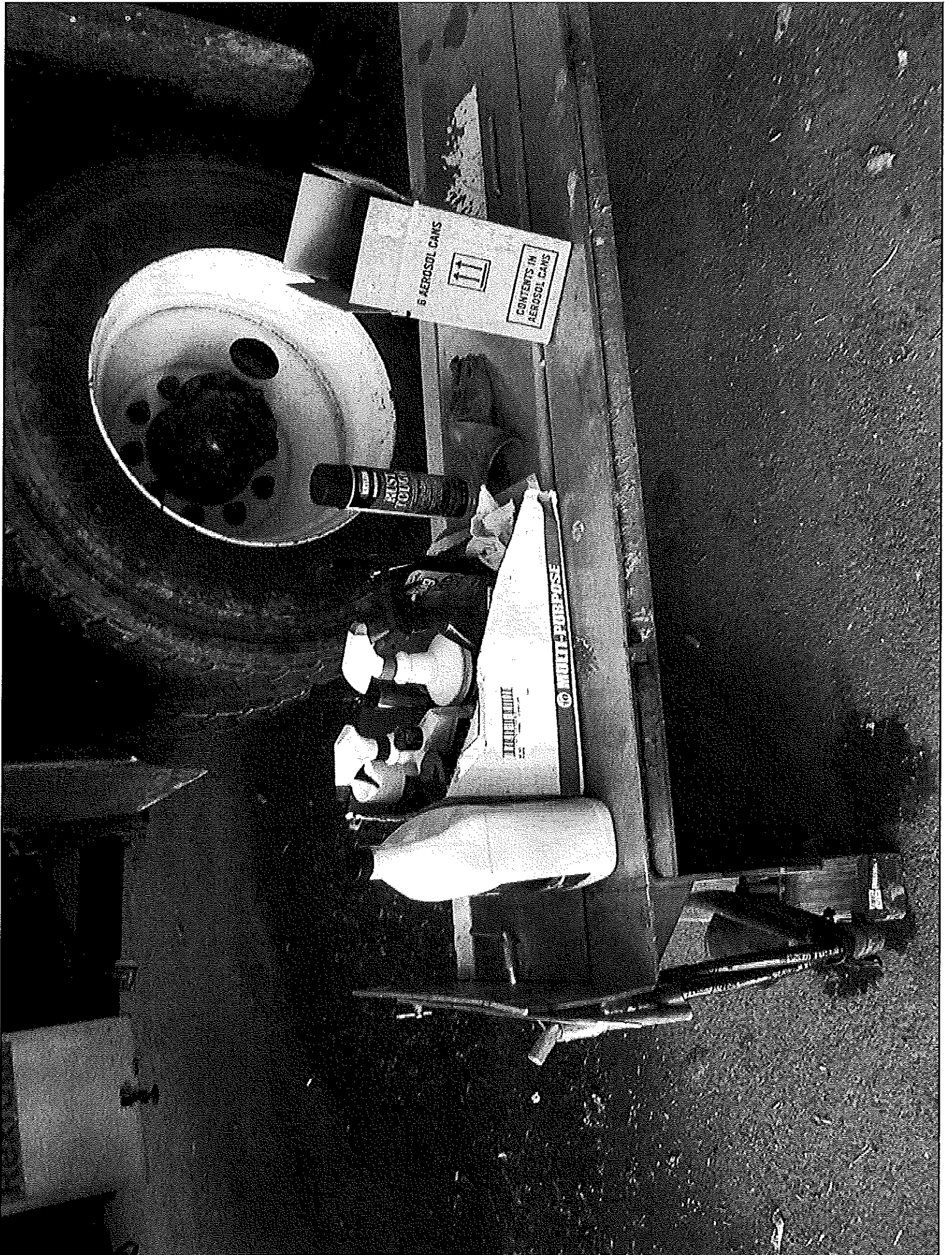
Crum, Donald

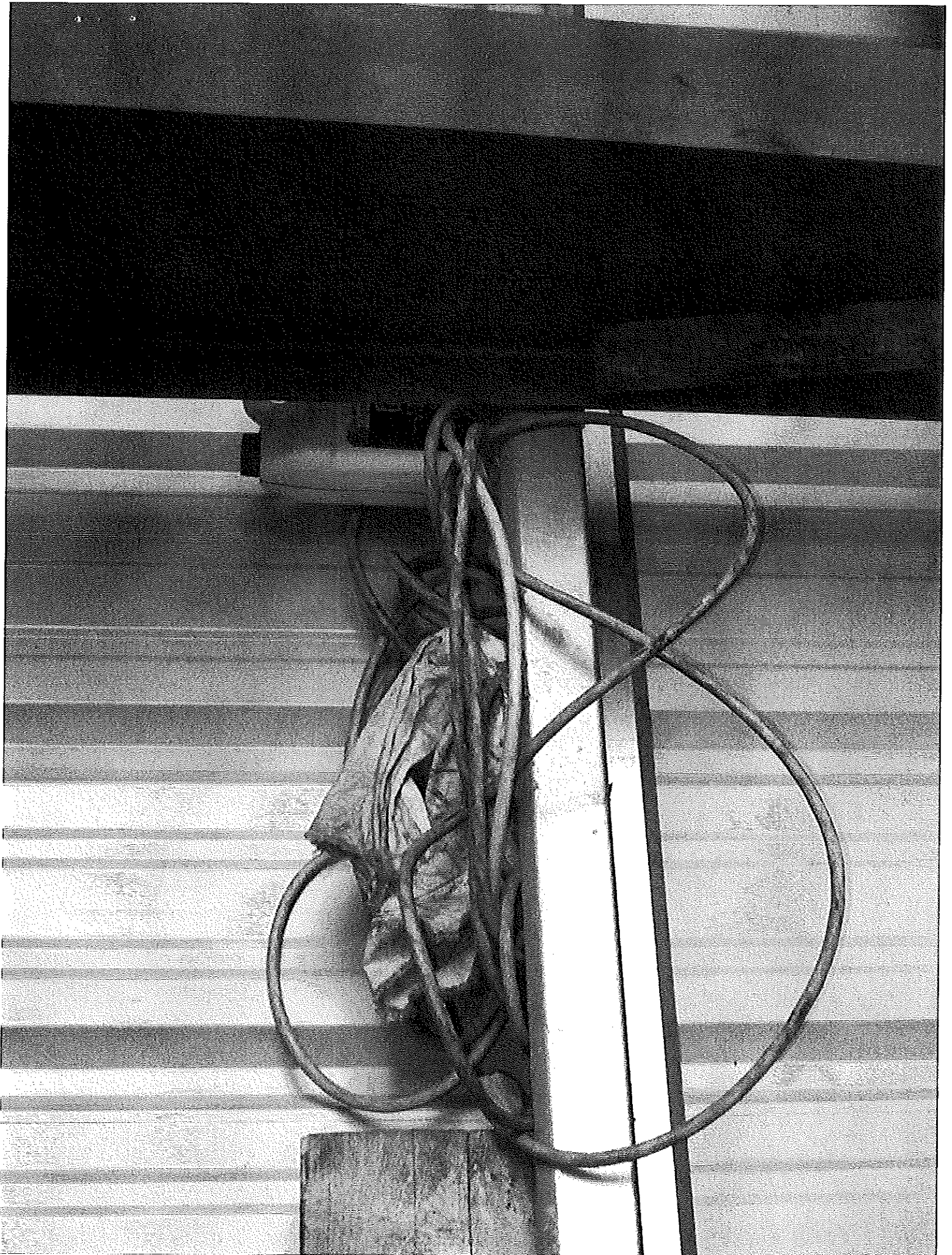
To: Savage, Jason
Subject: SWPPP Inspection

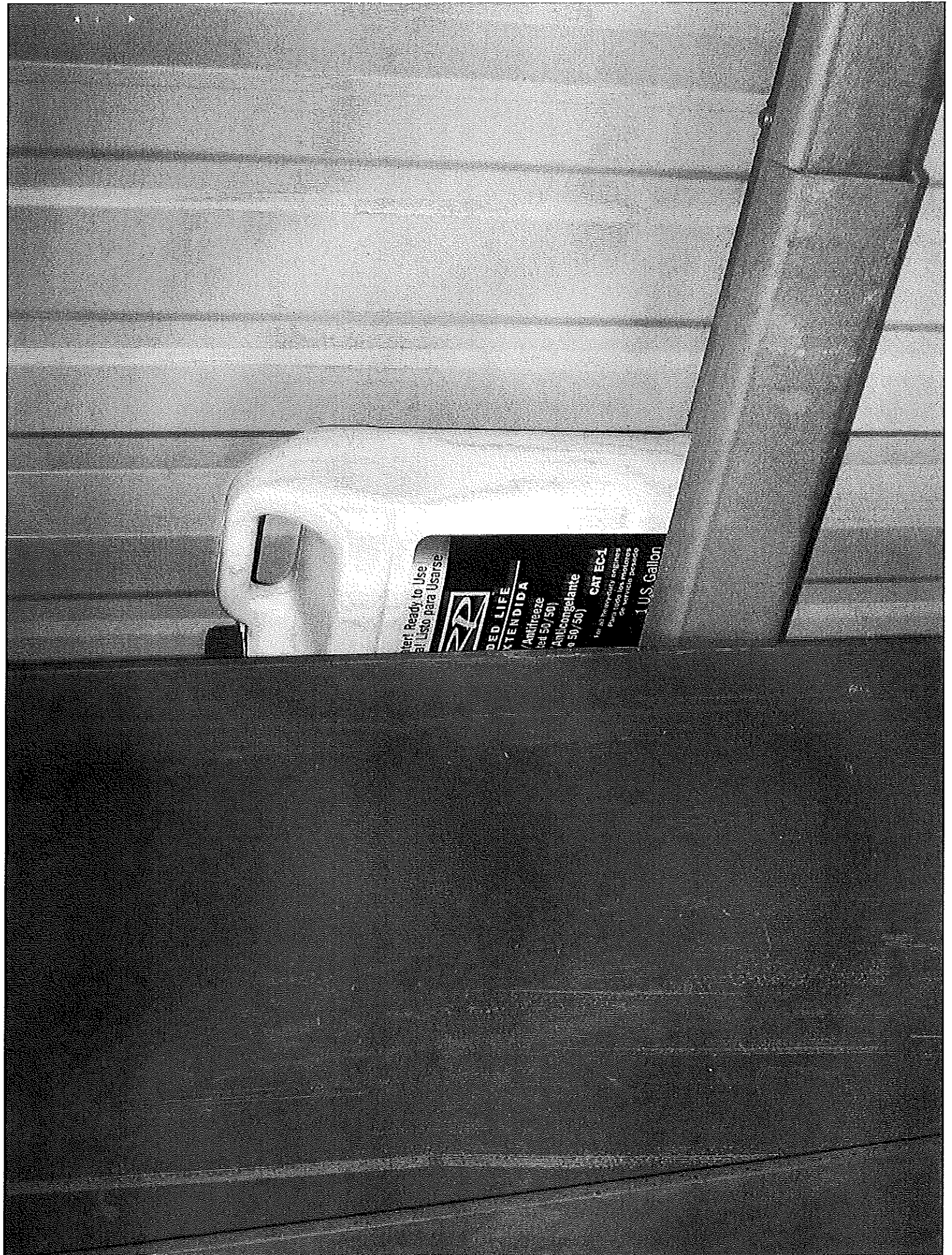
Jason, I conducted the Montevue Lane SWPPP inspection today. I took some photos from your truck storage area that need to be corrected 1st thing Monday Morning. The items are next to or behind truck #76. Please correct them Monday morning. See below:

1. Cleaning materials, aerosol cans, open box containing aerosol next to truck 76
2. Unwrapped, unconnected extension cord stored loose and dangling. Connect ends, store in truck or locker. Behind truck 76.
3. Partially used Anti freeze container. Secure in closed locker. Also behind 76 truck

Thanks, Donnie







Start Ready to Use
Listo para Usarse



DED LIFE
XTENDIDA

Antifreeze

Gel 50/50

Anticongelante

Gel 50/50

CAT EC-1

For all temporary engines
Para todos los motores
de arranque temporal

1 U.S. Gallon

Crum, Donald

To: Bauguess, Randy
Subject: SWPPP Yard inspection
Attachments: 4-26-13-SWPPP 004.jpg; 4-26-13-SWPPP 005.jpg; 4-26-13-SWPPP 006.jpg

Randy, I conducted the Montevue Lane SWPPP inspection today. I took photos from your vehicle storage area that must be corrected 1st thing Monday morning. The items are behind truck number 57. Please correct them Monday morning. See below:

1. Open containers stored on top of your locker area. Please place items in the locker.
2. Partially used containers beside your lockers (especially exposed aerosol top!). Seal the containers and secure them in the locker.

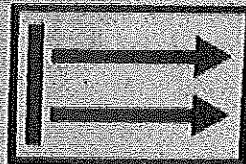
Thanks, Donnie





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CONTENTS IN
AEROSOL CANS



6 AEROSOL CANS



Keep Freeway to Protecting Life of Spower
Contains No Silicate
Ideal for Safety Coatings, Seal Coatings, and Glazes

Ne jamais mélanger les verres de la même pour en protéger
à partir de 100

Ne contient pas de silicate

Idéal pour : Verres de sécurité, revêtement de protection
et revêtement

Les verres sont protégés par un revêtement à base de silicate
Ne contient pas de silicate

Idéal pour : Verres de sécurité, revêtement de protection
et revêtement

Directions:
• Appliquez avec une brosse ou un pinceau.
• Nettoyez les surfaces avant utilisation.
• Utilisez uniquement avec des verres de sécurité.

Mode d'emploi:
• Appliquez avec une brosse ou un pinceau.
• Nettoyez les surfaces avant utilisation.
• Utilisez uniquement avec des verres de sécurité.

Instructions:
• Appliquez avec une brosse ou un pinceau.
• Nettoyez les surfaces avant utilisation.
• Utilisez uniquement avec des verres de sécurité.

Modo d'uso:
• Applicare con un pennello o un rullo.
• Pulire le superfici prima dell'uso.
• Usare solo con vetri di sicurezza.

Modo de uso:
• Aplicar con un pincel o un rodillo.
• Limpiar las superficies antes de usar.
• Usar solo con vidrios de seguridad.

Modo de uso:
• Aplicar con un pincel o un rodillo.
• Limpiar las superficies antes de usar.
• Usar solo con vidrios de seguridad.